DOC # 0741893 04/24/2009 10:07 AM Deputy: So OFFICIAL RECORD

OFFICIAL RECORD
Requested By:
T S I TITLE & ESCROW

Escrow No.: 09-51900-RM

WHEN RECORDED MAIL TO: Mr. Gary Michelsen, Trustee P.O. Box 1642 Zephyr Cove, NV. 89448 Douglas County - NV Karen Ellison - Recorder

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17.00



Fee:

SUBSTITUTION OF TRUSTEE AND FULL RECONVEYANCE

KNOW ALL MEN BY THESE PRESENTS:

THAT WHEREAS Gary A. Michelsen, Trustee of The Gary A. Michelsen Trust, UTD 2/24/94, was the original Trustor, TSI Title & Escrow, Inc., a Nevada Corporation, the original Trustee, and Lloyd Ghiglieri, Jr. and Fern Patricia Ghiglieri, as Trustees of the Ghiglieri Family Trust dated August 7, 1992, the Beneficiary under Deed of Trust dated March 30, 2007, and recorded April 2, 2007 as Document No. 0698348, in Book 0407, at Page 0111, of Official Records in the office of the County Recorder of Douglas County, Nevada, and whereas, the undersigned Beneficiary desires to substitute THEMSELVES as new Trustee, under said Deed of Trust in place and instead of TSI TITLE & ESCROW, INC.

NOW THEREFORE, the undersigned hereby Substitutes THEMSELVES as Trustee under said Deed of Trust and as the sustituted Trustee, THE UNDERSIGNED does hereby reconvey to the person or persons legally entitled thereto, but without warranty, all of the property covered by said deed of Trust now held by said Trustee under the terms of said Deed of Trust.

BY Hand Hinkeri & BY Hand Gligheri, Jr., Trustee

BY Lloyd Ghigheri, Jr., Trustee

BY Loyd Ghigheri, Jr., Trustee

BY Loyd Ghigheri, Jr., Trustee

Fern Patricia Ghiglieri

Fern Patricia Ghiglieri

Fern Patricia Ghiglieri

As Beneficiary As Substituted Trustee

State of

County of Douglas

On Wareh 30, 20 Before me, R.L. McEwing

_a Notary Public, personally appeared

loyd bhighori, Or Truske, Forn Harriera bhighor

personally known to me -or- [] proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument



WITNESS my hand and official seal

NAME (TYPED OR PRINTED)